

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD -50075 Small PHA) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHAName:**ArtesiaHousingAuthority

**PHANumber:** NM021

**PHAFiscalYearBeginning:**07/003

**PHA Plan Contact Information:**

Name:ArtesiaHousingAuthority

Phone:505 -746-3529

TDD:505 -746-3529

Email:artnmha@pvtm.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☒ Other: Artesia City Hall

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

# Annual PHA Plan

Fiscal Year 20 03

[24CFR Part 903.7]

## i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment_B_: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment_C_: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment_D_: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment_E_: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards	
Explanation of PHA Response (must be attached if not included in PHA Plan text) (In PHA Plan text).	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
▪ Attachment F: Statement of progress in 5 -year mission and goals: Replacing appliances, interior and exterior doors, painting, doing floor tile, which has been an ongoing project through two CFP's - The future CFP's will continue to "remodel" our older Housing Authority.	

## ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

## **1.Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

- Bad debt turned over for collection (resolution #10/17/2002 -4)
- KWH useage of electricity (resolution #07/18/2002)
- Community Service/Self Sufficiency Policy (resolution #10/17/02 -3)
- Up-dated Grievance Procedure Policy (resolution #10/17/02 -2)
- Check Signing Authorization Policy (resolution #10/22/02 -1)
- Rent Collection & Deposit of Rental Receipts Policy (resolution #10/22/02 -2)
- Tenant Abuse Charge Sheet, Up -date (resolution #11/14/02 -8)
- Resident Participation & Management Policy (resolution #11/14/02 -4)
- Anti-Drug Strategy & Security Policy (resolution #11/14/02 -2)
- Travel Policy (resolution #11 /14/02 -1)
- Facilitate Resident Employment & Undertake Entrepreneurial Initiatives Policy (resolution #11/14/02 -7)
- Waiver for Employee (Walter Samuel) extension of time for compliance to employment (resolution #11/14/02 -10)

## **2.Capital Improvement Needs**

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$309,703

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 -Year Action Plan**

The Capital Fund Program 5 -Year Action Plan is provided as Attachment: C

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment: B

## **3.D Emolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

## 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

## 4. Voucher Homeownership Program

[24 CFR Part 903. 79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each

program using the table below (copy and complete questions for each program identified.)

### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

### **5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

### **6. Other Information**

[24CFR Part 903.79(r)]

#### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename \_\_\_\_\_)

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

☐ Yes ☐ No: below or

☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

☐ Other: (list below)

## **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of N.M.

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A.SubstantialDeviationfromthe5 -yearPlan:Substantialdeviationfromthe5 -yearplan shallbedefinedasanychangeinmissionstatement,policies,orplansthatwould fundamentallychangetheobjectives thatareinconsistentwiththeachievementsofthe PHAmissonorgoalsandwouldrequireformalapprovaloftheboardmembers,apublic hearingandHUDreview.**

**B.SignificantAmendmentorModificationtotheAnnualPlan:**



## **Attachment A**

### **Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Artesia Housing Authority		<b>Grant Type and Number:</b> Capital Fund Program Grant No: NM02P02150101 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	46,010.92		46,010.92	32,500.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	29,100.00		29,100.00	29,100.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	225,749.08		225,749.08	220,220.83
11	1465.1 Dwelling Equipment — Nonexpendable	22,000.00		22,000.00	22,000.00
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment	3,000.00		3,000.00	3,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	325,860.00		325,860.00	306,820.23
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: :Artesia Housing Authority		Grant Type and Number Capital Fund Program Grant No: NM02P02150101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NM21-121 -2	Exterior Painting	1460		6,489.08		6,489.08	6,489.08	
NM21-121 -2	Electrical Repairs	1460		5,000.00		5,000.00	5,000.00	
NM21-121 -2	Plumbing Repairs	1460		4,948.00		4,948.00	4,948.00	
NM21-121 -2	Flooring Repairs	1460		10,000.00		10,000.00	10,000.00	
NM21-121 -2	Replace Appliances	1465	20	22,000.00		22,000.00	22,000.00	
NM21-121 -2	Replace Interior Doors	1460	40	10,000.00		10,000.00	10,000.00	
NM21-121 -2	Replace Gas Line Anoids	1450		-0-		-0-	-0-	
NM21-121 -2	Replace Kitchen Cabinets	1460	27	118,620.00		118,620.00	118,620.00	
NM21-121 -2	Replace Exterior Doors	1460	27	70,692.00		70,692.00	70,692.00	
HA Wide	Operations	1406		46,010.02		46,010.02	32,500.00	
HA Wide	Fees & Costs	1430		28,500.00		28,500.00	28,500.00	
HA Wide	Ads & Prints	1430		600.00		600.00	600.00	
Wide	Admin. Equipment	1475		3,000.00		3,000.00	3,000.00	

[illegible]





# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Artesia Housing Authority	Grant Type and Number Capital Fund Program Grant No: NM02P02150102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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☐ Original Annual Statement  
 ☐ Reserve for Disasters/Emergencies  
 ☐ Revised Annual Statement (revision no: )  
☒ Performance and Evaluation Report for Period Ending: 12/31/02  
 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	30,970.00		30,970.00	
3	1408 Management Improvements				
4	1410 Administration	30,970.00		30,970.00	2,477.14
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,600.00		30,600.00	7,663.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	217,163.00		217,163.00	
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	309,703.00		308,703.00	10,110.14
22	Amount of line 21 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Artesia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: NM02P02150102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:   )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Art esia Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: Nm02P02150102 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NM21-121 -2	Operations	1406		30,970.00		30,970.00		
NM21-121 -2	Administration	1410		30,970.00		30,970.00	2,477.14	
NM21-121 -2	Ads & Prints	1430		600.00		600.00		
NM21-121 -2	A/E Fees	1430		30,000.00		30,000.00	7,663.00	
NM21-121 -2	Replace Exterior Doors	1460		54,400.00		54,400.00		
NM21-121 -2	Plumbing Repairs	1460		5,675.00		5,675.00		
NM21-1 21-2	Floor Repairs	1460		10,000.00		10,000.00		
NM21-121 -2	Replace Kitchen Cabinets	1460		98,088.00		98,088.00		
NM21-121 -2	Exterior Painting	1460		32,000.00		32,000.00		
NM21-121 -2	Replace Interior Doors	1460		11,000.00		11,000.00		
NM21-1 21-2	Electric Repairs	1460		6,000.00		6,000.00		

## AnnualStatement/PerformanceandEvaluationReport

**CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)**

### Part III: Implementation Schedule

[illegible]





<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Artesia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Nm02P02150103  Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	24,400.00			
3	1408 Management Improvements				
4	1410 Administration	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	178,047.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	240,447.00			
22	Amount of line 21 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHAName:</b> Artesia Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: Nm02P02150103  Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



## PartII:SupportingPages

[illegible]

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]





CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHAName:ArtesiaHousingAuthority				<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:	
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:NM02P021501 -04 PHAFY:06/30/2004	WorkStatementforYear3 FFYGrant:NM02P021501 -05 PHAFY:06/30/2005	WorkStatem entforYear4 FFYGrant:NM02P021501 - 06 PHAFY:06/30/2006	WorkStatementforYear5 FFYGrant:NM02P921501 - 07 PHAFY:06/30/2007
	Annual Statement				
N NM21-121 -2		BLI#1460199,105	BLI#1460272,000	BLI#1460 240,000	BLI#1460280,000
HAWide					
CFPFundsListedfor5 - yearplanning					
ReplacementHousing FactorFunds					

CapitalFundProgramFive -YearActionPlan  
PartII:SupportingPa ges—WorkActivities

Activitiesfor Year1	ActivitiesforYear:2004 FFYGrant:NM02P021501 -04 PHAFY:06/30/2004	ActivitiesforYear:2005 FFYGrant:NM02P021501 -05 PHAFY:06/30/2005
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	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
<b>See</b>	<i>NM021-121 -2</i>	<i>Elect.Repairs</i>	\$6,000	<i>NM021-121 -2</i>	<i>Elect.Repairs</i>	\$12,000
<b>Annua</b>	HAWide	<i>PlumbingRepairs</i>	6,025	HAWide	<i>PlumbingRepairs</i>	50,000
<b>l</b>		ReplaceInter iorDoors	15,000		<i>InteriorDoors</i>	90,000
Statement		ReplaceExteriorDoors	47,600		FlooringReplacement	80,000
		ReplaceKitchen Cabinets	77,980		Evap.CoolerRepairs	20,000
		ExteriorPainting	32,000		ExteriorPainting	20,000
		FlooringRepairs	14,500			
TotalCFPEstimatedCost			\$199,105			\$272,000

CapitalFundProgramFive -YearActionPlan

**PartII:SupportingPages —WorkActivities**

ActivitiesforYear:2006 FFYGrant:NM02P021501 -06 PHAFY:06/30/2006			ActivitiesforYear:2007 FFYGrant:NM02P021501 -07 PHAFY:06/30/2007		
Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	MajorWork Categories	EstimatedCost
<i>NM21-121 -2</i>	<i>ExteriorPainting</i>	\$20,000	<i>NM021-121 -2</i>	<i>Elect.Repairs</i>	\$10,000
HAWide	<i>FlooringRepairs</i>	80,000	HAWide	<i>RoofRepairs</i>	150,000
	Evap.CoolerRepairs	30,000		<i>FlooringRepairs</i>	60,000
	Elect.Repairs	10,000		ExteriorP ainting	20,000
	RoofRepairs	100,000		Evap.CoolerRepairs	40,000
TotalCFPEstimatedCost		\$240,000			\$280,000





**Required Attachment \_\_\_\_\_: Resident Member on the PHA Governing Board**

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Shabriel Murrel

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires): 4 yrs./Expires 06/2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a fulltime basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☐ Other (explain):

B. Date of next term expiration of a governing board member: 10/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mayor Daniel Reyes, Mayor of the City of Artesia, N.M.

**Required Attachment \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.): Margie Cole, Shirley Marquez, Romona Segura, and Delfinia Dominguez.